

February 3, 2015

INSTRUCTION SECTION

FEB 03 2015

RECEIVED

From Brown's family care

Attn: Rick Benton

The heat detectors are on order
has not come in yet.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

FCL082006

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING: _____

(X3) DATE SURVEY
COMPLETED

11/12/2014

NAME OF PROVIDER OR SUPPLIER

BROWN'S FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

8416 JAMES REST HOME ROAD
NEW HILL, NC 27562

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETE
DATE

C 000 Initial Comments

Report by Rick Benton

DHSR Construction Section conducted a Biennial Survey on November 12, 2014 at the above referenced facility. DHSR records indicate the home was first licensed on August 1, 1979 as a Family Care Home for five Residents; Licensure rules at this time only allowed for a maximum capacity of five Residents. Effective on February 1, 1983 the building code was amended to allow for a maximum of six Residents, and effective on April 1, 1984 Licensure Rules were revised to allow for a maximum capacity of six residents as well. Your home is currently licensed with a capacity of Six (6) all-ambulatory residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1984 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1978 (Revision 5) North Carolina State Building Code - Section 409.1(g)-Residential Care Homes

At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:

C 000

CONSTRUCTION SECTION
FEB 03 2015
RECEIVED

C 174 Building Equipment Maintained Safe, Operating

SECTION .0300 - THE BUILDING
10A NCAC 13G .0317 BUILDING SERVICE
EQUIPMENT

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and

C 174

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

3NNB21

If continuation sheet 1 of 3

FCL092005

B. WING:

11/12/2014

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROWN'S FAMILY CARE HOME

8416 JAMES REST HOME ROAD

NEW HILL, NC 27562

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	<p>Continued From page 1</p> <p>operating condition.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1) At the time of the survey, it was noted that the two heat detectors in the attic were disconnected from the their bases. Upon conversation with the provider, it was determined that they had tripped due to excessive attic heat. The UL listed heat detectors were rated at 135 degrees and the temperature in the attic had risen beyond the heat rating for the heat detectors. Schedule to have a licensed electrician install new UL listed heat detectors with a heat rating of 190 degrees (fixed) or 190-210 degrees (rate-to-rise) in the attic, installed per the manufacturer's spacing requirements.</p> <p>2) At the time of the survey, it was noted that the grip bar in the small bathroom located beside the toilet in the second bedroom on the left was loose. Schedule to have someone tighten the grip bar.</p> <p>3) At the time of the survey, it was noted that the window lock in the second bedroom on the left was broken. Schedule to have a new window lock installed. Provide documentation to our office such as a receipt for the purchase of the window lock.</p> <p>4) At the time of the survey, it was noted that the window in the second bedroom on the left was extremely difficult to open. Schedule to have someone make the necessary corrections to allow the window to open without difficulty. If the window requires more repairs, schedule to have a qualified technician to complete the work. Provide to our office a copy of the receipt from</p>	C 174		1-14-15 1-14-15 1-14-15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

FCL082005

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING:

(X3) DATE SURVEY
COMPLETED

11/12/2014

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROWN'S FAMILY CARE HOME

8416 JAMES REST HOME ROAD
NEW HILL, NC 27682

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	Continued from page 2. the technician. 5) At the time of the survey, it was noted that the back side of the entrance door to the second bedroom on the left, had several holes that require filling. Schedule to have the holes filled with an acceptable filling compound. Provide to our office a picture of the filled holes for verification of the completed work. 6) At the time of the survey, it was noted that in the hallway bathroom, the grip bar inside the tub area was extremely loose. The grip bar cannot support any weight in its current condition. Schedule to have someone tighten the tub grip bar. 7) At the time of the survey, it was noted that the window in the bedroom across from the living room was extremely difficult to open. Schedule to have someone make the necessary corrections to allow the window to open without difficulty. If the window requires more repairs, schedule to have a qualified technician to complete the work and provide to our office a copy of the receipt from the technician.	C 174		1-14-15 1-14-15 1-14-16